Name

Date

Group

Action Plan For Retest and Redo of Assginments

Parent/Guardian's Signature

Name of test/assignment for retake or redo.

My Action Plan

1. State what went wrong the first time to create the need to do the assignment again.
2. List the steps taken in preparing to do the assignment again.
3. Make sure you get this sheet signed; the parent/guardian signature above indicated that they witnessed or are aware that you completed the action plan.